The definitive diagnosis may be made by endoscopy[3], visualizing the cusp-like action of the vales in an irrigating stream. The diagnosis may be suspected from a history of recurrent pyuria and obstructive symptoms, from radiographic signs of hydronephrosis, and enlarged bladder and by occasional difficulty in catheterization.

According to Campbell[3], the only satisfactory treatment is transurethral resection of the valves. Others advocate disruption of the valves with sounds or suprapubic and perineal excision of valves.

SUMMARY

1. A case is presented of urethral-valve obstruction in a newborn with massive abdominal swelling and leg edema.

2. The nature of this illness is discussed.

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